# Proposition 1B Goods Movement Emission Reduction Program Local Public Entity Registration Form for FY2012-13 (Year 4) Funds New applicants

Local public entities applying for Program funds must complete the User Account Registration Form to receive a username and password to access the Program's Goods Movement On-line Database to complete a local agency application for Year 4 funds. Interested local public entities shall submit registration sufficient for ARB staff to assess the entity's qualifications as a local public entity. Additional information may be requested as part of this registration process to facilitate ARB staff's review of a local public entity's qualifications as an applicant. More information can be found in Chapter III – Section A of the Program Guidelines which are available at <a href="http://www.arb.ca.gov/gmbond">http://www.arb.ca.gov/gmbond</a>.

#### Instructions

- Please complete the form below and return to <a href="mailto:gmbond@arb.ca.gov">gmbond@arb.ca.gov</a>, no later than 5:00 p.m. on <a href="mailto:Friday">Friday</a>, <a href="February 22">February 22</a>, <a href="mailto:2013">2013</a>. Local agencies can use the space provided or attach additional documentation in the e-mail when submitting this form. Just indicate the name of each file in the space provided in this form that answers each question.
- 2. Please indicate, "ACCOUNT REGISTRATION" on the subject line.
- 3. Attach any additional files to the email response as necessary.

#### Questions

Please contact Program staff: Mr. Mario Cruz at (916) 445-6243 or Mr. Trideep Ghosh at (916) 323-5455.

Please contact Ms. Barbara Van Gee at (916) 324-9949 for assistance with loan and loan guarantee program questions.

You may also email ARB staff at gmbond@arb.ca.gov.

#### **General Information**

Local Public Entity		
Name		
Mailing address		
_		
County		
Main Phone		
Main Fax		
Website address		
Entity Type (indicate - air	district, seaport, transportation agency, or other)	
If "Other" please explain:		
Jurisdiction:		
<ul> <li>Attach a map of the entity's geographic boundaries.</li> </ul>		
<ul> <li>Indicate the</li> </ul>	total population served:	
_		
<ul> <li>Select the applicable trade corridor (Bay Area, Central Valley, Los</li> </ul>		
Angeles/Inland Empire, San Diego/Border):		
Entity's mission statement/purpose:		
Federal tax ID number:		
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### **Authority as a Local Public Entity**

State tax ID number:

Total annual budget:

Please provide the legal citation and text which establishes the local public entity and gives it legal authority to implement a solicitation, competition for funding, funding awards, execution of contracts, and equipment inspections across the entire trade corridor where this local entity is based:

If available, provide the work plan or program plan that outlines the annual work plan for goods movement air quality projects:

## **Qualifications as an Applicant**

The Program Guidelines and Government Code section 39625.1 require that applicants for this Program be local public entities involved in the movement of freight through trade corridors of the state or involved in air quality improvement associated with goods movement. The responses to the following questions will provide the basis by which ARB staff will determine whether a local public entity qualifies as a Program applicant.

Local Public Entity Qualifications
Describe how this local public entity is involved in freight movement or air quality
improvements associated with goods movement. This description shall include:
<ul> <li>the entity's roles and</li> </ul>
<ul> <li>authorities and responsibilities (including legal citations, if any):</li> </ul>
Please include a statement below justifying that the local public entity qualifies as
an applicant based on one of the following:
<ul> <li>Is directly responsible for operating a freight movement facility (e.g. seaport or airport); or</li> </ul>
- Has statutory authority for designing and implementing strategies and/or
plans to reduce emissions or health risk from air pollution sources (e.g.
local air pollution control district and air quality management district); or
- Has statutory authority for planning and funding regional goods movement
infrastructure projects (e.g. regional transportation planning agency)
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## **Contact Information**

Agency Director or Executive Director		
Name (first, MI, last)		
Title		
e-mail address		
Mailing address		
(if different from above)		
County		
Phone		
Fax		
Chief Financial Officer		
Name (first, MI, last)		
Title		
e-mail address		
Mailing address		
(if different from above)		
County		
Phone		
Fax		
	Grant Program Manager	
Name (first, MI, last)		
Title		
e-mail address		
Mailing address		
(if different from above)		
County		
Phone		
Fax		
	add other Executive Contacts (optional)	
Name (first, MI, last)		
Title		
e-mail address		
Mailing address		
(if different from above)		
County		
Phone Fax		

# **Funding Category Contacts**

Heavy Duty Diesel Trucks	
Name (first, MI, last)	
Title	
e-mail address	
Mailing address	
(if different from above)	
County	
Phone	
Fax	
Immediate Supervisor (alternate contact)	
Name (first, MI, last)	
Title	
e-mail address	
Phone	
Person with Authority to Sign Grant Agreements with ARB	
Name (first, MI, last)	
Title	
e-mail address	
Phone	

Locomotives and Rail Yards	
Name (first, MI, last)	
Title	
e-mail address	
Mailing address	
(if different from above)	
County	
Phone	
Fax	
Immediate Supervisor (alternate contact)	
Name (first, MI, last)	
Title	
e-mail address	
Phone	
Person with Authority to Sign Grant Agreements with ARB	
Name (first, MI, last)	
Title	
e-mail address	
Phone	

Ships at Berth and Cargo Handling Equipment	
Name (first, MI, last)	
Title	
e-mail address	
Mailing address	
(if different from above)	
County	
Phone	
Fax	
Immediate Supervisor (alternate contact)	
Name (first, MI, last)	
Title	
e-mail address	
Phone	
Person with Authority to Sign Grant Agreements with ARB	
Name (first, MI, last)	
Title	
e-mail address	
Phone	

	Commercial Harbor Craft
Name (first, MI, last)	
Title	
e-mail address	
Mailing address	
(if different from above)	
County	
Phone	
Fax	
Immediate Supervisor (alternate contact)	
Name (first, MI, last)	
Title	
e-mail address	
Phone	
Person with Authority to Sign Grant Agreements with ARB	
Name (first, MI, last)	
Title	
e-mail address	
Phone	